KY Medicaid Dental Fee Schedule 2024 Revised 3.28.2024

Notes:

- Red indicates new codes or changes for the most current revision date.
- The appearance of a code and rate on this fee schedule is not a guarantee of payment.
- It is the responsibility of the provider to check member eligibility.
- Please refer to the Oral Pathology section of this fee schedule for procedures and pricing
- Please refer to the Orthodontic section of this fee schedule for procedures and pricing
- Please refer to the Oral Surgeon section of this fee schedule for procedures and pricing

Any limit or prior authorization requirement established in 907 KAR 1:026 or 907 KAR 1:626 shall apply to this fee schedule

*Procedure Description/Practitioner

(1) A comprehensive orthodontic procedure shall be paid for ages 0 - 21 as follows:

- (a) Except as established in (b) the rate for an orthodontic consultation including examination and treatment plan development shall be \$112
- *(b) The orthodontic consultation rate shall not exceed \$56 if
- 1. provider determines comprehensive ortho procedures are not needed;
- 2. provider is unable or unwilling to provide needed ortho procedure(s); or
- 3. Prior authorization is not approved by the department or is not requested by provider

Reimbursement for a service for an early phase of moderately severe or severe disabling malocclusion shall be:

\$1367 if provided by an orthodontist

\$1234 if provided by a general dentist

Reimbursement for a service for moderately severe disabling malocclusion shall be:

\$1825 if provided by an orthodontist

\$1659 if provided by a general dentist

A service for a severe disabling malocclusion:

\$3000 if provided by an orthodontist

\$2674 if provided by a general dentist

*DMS Payment Process orthodontics

Reimbursement for comprehensive orthodontic treatment shall consist of two (2) payments

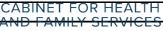
- 1. The first payment shall be two-thirds of the prior authorized payment amount
- 2. The second payment shall:
- a. Be one-third of the prior authorized payment amount; and
- b. Not be billed or paid until six (6) monthly visits are completed following the banding date
- 3. The two (2) payments shall include all services associated with the comprehensive orthodontic treatment

Certified Commnity Health Workers (CHW)

			UNDER	21 and	
Proc			AGE 21	OVER	
Code	Requirements	Procedure Description	Rate	Rate	Notes
		DENTAL CASE MANAGEMENT - PATIENT EDUCATION TO			
D9994		IMPROVE ORAL HEALTH LITERACY	\$22.53	\$22.53	Effective July 1, 2023 - Units equals per patient per time frame

Dentist Procedures and Fee Schedule







			UNDER	21 and	
Proc			AGE 21	OVER	
Code	Requirements	Procedure Description	Rate	Rate	Notes
D0120		PERIODIC ORAL EVALUATION ON AN ESTABLISHED PATIENT	\$27.50	\$27.50	1 per 6 months - additional allowed based on medical necessity by prior authorization
B0120		T ENIOSIG GIVIE EVILEGITIGIN GIVINI ESTINDEISTIES TITULENT	727.50	Ψ27.30	Coverage for a limited oral evaluation shall: 1. Be limited to a trauma related
					injury or acute infection; and 2. Be limited to one (1) per date of service, per
					recipient, per provider. (b) A limited oral evaluation shall not be covered in
					conjunction with another service except for: 1. A periapical X-ray; 2. A
					bitewing X-ray; 3. A panoramic X-ray; 4. Resin, anterior; 5. A simple or surgical
					extraction; 6. Surgical removal of a residual tooth root; 7. Removal of a
					foreign body; 8. Suture of a recent small wound; 9. Intravenous sedation; or
D0140		LIMITED ORAL EVALUATION	\$46.65	\$46.65	10. Incision and drainage of infection.
		ORAL EVALUATION FOR A PATIENT UNDER THREE (3) YEARS			
D0145		OF AGE AND COUNSELING WITH THE PRIMARY CAREGIVER.	\$32.50	n/c	Under 3 years of age - 1 per 6 months
		COMPREHENSIVE ORAL EVALUATION - NEW OR			
D0150		ESTABLISHED PATIENT	\$32.50	\$32.50	1 per 12 months per member, per provider
		DETAILED AND EXTENSIVE ORAL EVALUATION - PROBLEM	4000-	400.00	
D0160		FOCUSED, BY REPORT	\$98.35	\$98.35	
D0170		RE-EVALUATION-LIMITED, PROBLEM FOCUSED (ESTABLISHED PATIENT; NOT POST-OPERATIVE VISIT)	\$48.32	\$48.32	
D0170		RE-EVALUATION - POST-OPERATIVE OFFICE VISIT	\$58.64	\$58.64	
50171		COMPREHENSIVE PERIODONTAL EVALUATION - NEW OR	750.04	730.04	
D0180		ESTABLISHED PATIENT	\$71.91	\$71.91	
D0190		SCREENING OF A PATIENT	n/c	n/c	
D0191		ASSESSMENT OF A PATIENT	\$25.00	n/c	
					Limited to one (1) per twenty-four (24) month period, per recipient, per
					provider.
D0310		INITERACEDAL COMBLETE SERVES OF PARIOCEARING IMAGES	ć70.62	ĆC1 2F	Periapical and bitewing X-rays shall not be covered in the same twelve (12)
D0210		INTRAORAL COMPLETE SERIES OF RADIOGRAPHIC IMAGES	\$79.63	\$61.25	month period as an intraoral complete X-ray series per recipient, per provider
					Limited to fourteen (14) per twelve (12) month period, per recipient, per
					provider.
					Periapical Xrays shall not be covered in the same twelve (12)
D0220		INTRAORAL-PERIPICAL-FIRST RADIOGRAPHIC IMAGE	\$13.00	\$10.00	month period as an intraoral complete X-ray series per recipient, per provider
					Limited to fourteen (14) postuply (12) as at the same of the same
					Limited to fourteen (14) per twelve (12) month period, per recipient, per
					provider.
D0330		INTRAORAL-PERIAPICAL-EACH ADDITIONAL RADIOGRAPHIC	ć0.75	ć7.F0	Periapical Xrays shall not be covered in the same twelve (12)
D0230		IMAGE	\$9.75	\$7.50	month period as an intraoral complete X-ray series per recipient, per provider



			UNDER	21 and	
Proc			AGE 21	OVER	
Code	Requirements	Procedure Description	Rate	Rate	Notes
					Limited to four (4) per twelve (12) month period, per recipient, per provider.
					Bitewing X-rays shall not be covered in the same twelve (12) month period as
D0270		DENTAL BITEWING-SINGLE RADIOGRAPHIC IMAGE	\$11.38	\$8.75	an intraoral complete X-ray series per recipient, per provider
					Limited to four (4) new tools (42) mounts posicion and according to
					Limited to four (4) per twelve (12) month period, per recipient, per provider.
D0272		DENITAL DITEINANCE THE DADIOCRAPHIC HAACES	622.75	647.50	Bitewing X-rays shall not be covered in the same twelve (12) month period as
D0272		DENTAL BITEWING-TWO RADIOGRAPHIC IMAGES	\$22.75	\$17.50	an intraoral complete X-ray series per recipient, per provider
					Limited to four (4) per twelve (12) month period, per recipient, per provider.
					Bitewing X-rays shall not be covered in the same twelve (12) month period as
D0273		DENTAL BITEWINGS - THREE RADIOGRAPHIC IMAGES	\$39.00	\$30.00	an intraoral complete X-ray series per recipient, per provider
					Limited to four (4) per twelve (12) month period, per recipient, per provider.
					Bitewing X-rays shall not be covered in the same twelve (12) month period as
D0274		DENTAL BITEWING-FOUR RADIOGRAPHIC IMAGES	\$37.38	\$28.75	an intraoral complete X-ray series per recipient, per provider
D0277		VERTICAL BITEWINGS 7 TO 8 RADIOGRAPHIC IMAGES	\$38.00	\$29.23	I set per 12 months per member, per provider
					A panoramic film shall: a. Be limited to one (1) per twenty-four (24) month
					period, per recipient, per provider; and b. Require prior authorization in
					accordance with Section 15(1), (2), and (3) of this administrative regulation
D0330		PANORAMIC RADIOGRAPHIC IMAGE	\$73.70	\$56.69	for a recipient under the age of six (6) years;
		2D CEPHALOMETRIC RADIOGRAPHIC IMAGE-ACQUISTION,			
D0340		MEASUREMENT AND ANALYSIS	\$76.38	\$58.75	1 per 24 months per member, per provider
					1 per 6 months per member. Additional allowed based on medical necessity by prior
D1110		DENITAL PROPUNITANIC ADMIT	/ -	¢60.42	authorization.
D1110		DENTAL PROPHYLAXIS - ADULT	n/c	\$60.13	New rate of \$60.13 effective 11/1/2023 1 per 6 months per member. Additional allowed based on medical necessity by prior
D1120		DENTAL PROPHYLAXIS - CHILD	\$60.13	n/c	authorization
D1120		DENTAL TROTTILE VIOLENCE	700.13	11/ 0	Limited to 2 per 12 months per member. Additional allowed based on medical
D1206		TOPICAL APPLICATION FLUORIDE VARNISH	\$18.75	n/c	necessity by prior authorization
			<u> </u>	,	Limited to 2 per 12 months per member. Additional allowed based on medical
D1208		TOPICAL APPLICATION OF FLUORIDE - EXCLUDING VARNISH	\$18.75	n/c	necessity by prior authorization
		COUNSELING FOR THE CONTROL AND PREVENTION OF			
		ADVERSE ORAL, BEHAVIORAL, AND SYSTEMIC HEALTH			
D1321		EFFECTS ASSOCIATED WITH HIGH-RISK SUBSTANCE USE	\$15.00	\$15.00	1 per 6 months per member, per provider
					Limited to six (6) and twelve (12) year molars:
	Tooth numbers				6 year molars are #3, #14, #19 and #30
	Tooth numbers: 3, 14, 19, 30				12 year molars are #2, #15, #18, #31 once every four (4) years with a lifetime limit of three (3) sealants per tooth
D1351	2, 15, 18, 31	DENTAL SEALANT - PER TOOTH	\$24.38	n/c	Limited to under 21 only
51331	2, 13, 10, 31	DENTAL SEALANT FER TOOTH	724.30	11/0	Emilica to ander 21 only



			UNDER	21 and	
Proc			AGE 21	OVER	
Code	Requirements	Procedure Description	Rate	Rate	Notes
	Tooth numbers	PREVENTATIVE RESIN RESTORATION IN A MODERATE TO			
D1352	1-32	HIGH CARIES RISK PATIENT-PERMANENT TOOTH	\$48.13	\$48.13	
	Tooth numbers				
D1353	1-32	SEALANT REPAIR-PER TOOTH	\$16.00	n/c	
	Tooth numbers	APPLICATION OF CARIES ARRESTING MEDICAMENT - PER			
D1354	1-32, A-T	тоотн	\$12.00	\$12.00	Up to two times per tooth within six months
					Coverage of a space maintainer, an appliance therapy specified in the CDT orthodontic
	quadrant				category, or a combination of the two (2) shall not exceed two (2) per twelve (12)
D1510	10, 20, 30, 40	SPACE MAINTAINER-FIXED UNILATERAL-PER QUADRANT	\$169.00	n/c	month period, per member.
					Coverage of a space maintainer, an appliance therapy specified in the CDT orthodontic
	quadrant				category, or a combination of the two (2) shall not exceed two (2) per twelve (12)
D1516	10, 20, 30, 40	SPACE MAINTAINER-FIXED BILATERAL, MAXILLARY	\$250.00	n/c	month period, per member.
					Coverage of a space maintainer, an appliance therapy specified in the CDT orthodontic
	quadrant				category, or a combination of the two (2) shall not exceed two (2) per twelve (12)
D1517	10, 20, 30, 40	SPACE MAINTAINER-FIXED BILATERAL, MANDIBULAR	\$250.00	n/c	month period, per member.
					Coverage of a space maintainer, an appliance therapy specified in the CDT orthodontic
	quadrant	SPACE MAINTAINER-REMOVABLE-UNILATERAL-PER	4467.50	,	category, or a combination of the two (2) shall not exceed two (2) per twelve (12)
D1520	10, 20, 30, 40	QUADRANT	\$167.50	n/c	month period, per member.
					Coverage of a space maintainer, an appliance therapy specified in the CDT orthodontic
D4526	quadrant	CDA CE AAAINITAINIED DENAOVADI E DII ATEDAI AAAVIII ADV	6400.00		category, or a combination of the two (2) shall not exceed two (2) per twelve (12)
D1526	10, 20, 30, 40	SPACE MAINTAINER-REMOVABLE-BILATERAL, MAXILLARY	\$190.00	n/c	month period, per member.
					Coverage of a space maintainer, an appliance therapy specified in the CDT orthodontic
D4F27	quadrant	CDACE MANINTAINED DEMOVABLE DILATEDAL MANIDIDILI AD	ć100.00	/-	category, or a combination of the two (2) shall not exceed two (2) per twelve (12)
D1527	10, 20, 30, 40	SPACE MAINTAINER-REMOVABLE-BILATERAL, MANDIBULAR	\$190.00	n/c	month period, per member. Coverage of a space maintainer, an appliance therapy specified in the CDT orthodontic
	quadrant	RE-CEMENT OR RE-BOND BILATERAL SPACE MAINTAINER-			category, or a combination of the two (2) shall not exceed two (2) per twelve (12)
D1551	10, 20, 30, 40	MAXILLARY	\$19.00	n/c	month period, per member.
D1331	10, 20, 30, 40	WANILLANT	\$19.00	11/0	Coverage of a space maintainer, an appliance therapy specified in the CDT orthodontic
	quadrant	RE-CEMENT OR RE-BOND BILATERAL SPACE MAINTAINER-			category, or a combination of the two (2) shall not exceed two (2) per twelve (12)
D1552	10, 20, 30, 40	MANDIBULAR	\$19.00	n/c	month period, per member.
D1332	10, 20, 30, 40	WWW. WEIGHT	713.00	11/ 0	Coverage of a space maintainer, an appliance therapy specified in the CDT orthodontic
	quadrant	RE-CEMENT OR RE-BOND UNILATERAL SPACE MAINTAINER-			category, or a combination of the two (2) shall not exceed two (2) per twelve (12)
D1553	10, 20, 30, 40	PER QUADRANT	\$19.00	n/c	month period, per member.
			7-3:00	.,, 0	Coverage of a space maintainer, an appliance therapy specified in the CDT orthodontic
	quadrant	REMOVAL OF FIXED UNILATERAL SPACE MAINTAINER-PER			category, or a combination of the two (2) shall not exceed two (2) per twelve (12)
D1556	10, 20, 30, 40	QUADRANT	\$25.00	n/c	month period, per member.
	. , -, -			, -	Coverage of a space maintainer, an appliance therapy specified in the CDT orthodontic
	quadrant	REMOVAL OF FIXED BILATERAL SPACE MAINTAINER-			category, or a combination of the two (2) shall not exceed two (2) per twelve (12)
D1557	10, 20, 30, 40	MAXILLARY	\$25.00	n/c	month period, per member.
					Coverage of a space maintainer, an appliance therapy specified in the CDT orthodontic
1	quadrant	REMOVAL OF FIXED BILATERAL SPACE MAINTAINER-			category, or a combination of the two (2) shall not exceed two (2) per twelve (12)
D1558	10, 20, 30, 40	MANDIBULAR	\$25.00	n/c	month period, per member.



			UNDER	21 and	
Proc			AGE 21	OVER	
Code	Requirements	Procedure Description	Rate	Rate	Notes
	Tooth numbers				
	1-32, A-T				
	Surface code				
D2140	M, O, D, B, L, F, I	AMALGAM-ONE SURFACE, PRIMARY OR PERMANENT	\$49.40	\$38.00	
	Tooth numbers	, ,	, -	,	
	1-32, A-T				
	Surface code				
D2150	M, O, D, B, L, F, I	AMALGAM-TWO SURFACES, PRIMARY OR PERMANENT	\$65.00	\$50.00	
	Tooth numbers				
	1-32, A-T				
	Surface code				
D2160	M, O, D, B, L, F, I	AMALGAM-THREE SURFACES, PRIMARY OR PERMANENT	\$76.70	\$59.00	
	Tooth numbers				
	1-32, A-T				
	Surface code	AMALGAM-FOUR OR MORE SURFACES, PRIMARY OR			
D2161	M, O, D, B, L, F, I	PERMANENT	\$93.60	\$72.00	
	Tooth numbers				
	1-32, A-T				
	Surface code				
D2330	M, O, D, B, L, F, I	RESIN-ONE SURFACE, ANTERIOR	\$57.20	\$44.00	
	Tooth numbers				
	1-32, A-T				
	Surface code				
D2331	M, O, D, B, L, F, I	RESIN-TWO SURFACES, ANTERIOR	\$71.50	\$55.00	
	Tooth numbers				
	1-32, A-T				
	Surface code				
D2332	M, O, D, B, L, F, I	RESIN-THREE SURFACES, ANTERIOR	\$85.80	\$66.00	
	Tooth numbers				
	1-32, A-T				
	Surface code	RESIN-FOUR/MORE SURFACES OR INVOLVING INCISAL			
D2335	M, O, D, B, L, F, I	ANGLE, ANTERIOR	\$101.40	\$78.00	
	Tooth numbers				
D2390	1-32, A-T	RESIN-BASED COMPOSITE CROWN, ANTERIOR	\$101.40	n/c	1 per 5 years
	Tooth numbers				
	1-32, A-T				
	Surface code				
D2391	M, O, D, B, L, F, I	RESIN-BASED COMPOSITE-ONE SURFACE, POSTERIOR	\$57.20	\$44.00	
	Tooth numbers				
	1-32, A-T				
	Surface code				
D2392	M, O, D, B, L, F, I	RESIN-BASED COMPOSITE-TWO SURFACES, POSTERIOR	\$71.50	\$55.00	



Т	equirements		UNDER AGE 21	21 and	
Code Re				OVER	
To		Description Description			Notes
		Procedure Description	Rate	Rate	Notes
	Tooth numbers				
1 .	1-32, A-T				
	Surface code				
		RESIN-BASED COMPOSITE-THREE SURFACES, POSTERIOR	\$85.80	\$66.00	
T _f	Tooth numbers				
	1-32, A-T				
]	Surface code	RESIN-BASED COMPOSITE-FOUR OR MORE SURFACES,			
D2394 M	И, О, D, B, L, F, I	POSTERIOR	\$101.40	\$78.00	
T,	Tooth numbers				
D2710	1-32, A-T	CROWN RESIN-BASED COMPOSITE INDIRECT	\$150.00	\$150.00	1 per 5 years per tooth
T/	Tooth numbers				
D2721	1-32, A-T	CROWN-RESIN WITH PREDOMINANTLY BASE METAL	\$200.00	\$200.00	1 per 5 years per tooth
T	Tooth numbers				
D2740	1-32, A-T	CROWN-PORCELAIN/CERAMIC	\$529.95	\$529.95	1 per 5 years per tooth
T	Footh numbers	,		·	
D2750		CROWN-PORCELAIN FUSED TO HIGH NOBLE METAL	\$599.25	\$599.25	1 per 5 years per tooth
	,	CROWN-PORCELAIN FUSED TO PREDOMINANTLY BASE	4000.20	7000.20	
D2751		METAL	\$457.33	\$457.33	1 per 5 years per tooth
	Footh numbers	WIETAL	уч 57.55	у ч 57.55	per 3 years per tooth
D2752		CROWN-PORCELAIN FUSED TO NOBLE METAL	\$528.29	\$528.29	1 per 5 years per tooth
	Footh numbers	CROWN-FORCELAIN 1 03ED 10 NOBEL WETAL	JJ20.23	7320.23	1 per 3 years per tooth
		CDOWN FULL CAST LUCIT NODLE METAL	¢402.91	¢402.91	1 nor E years partacth
D2790	1-32, A-T Footh numbers	CROWN-FULL CAST HIGH NOBLE METAL	\$492.81	\$492.81	1 per 5 years per tooth
		CDOMAN FULL CACT DDED ON MINIANITIVE DAGE NAFTAL	Ć245 44	Ć245 44	4 0 0 5 0 0 0 0 0 0 0 0 0
D2791	,	CROWN-FULL CAST PREDOMINANTLY BASE METAL	\$315.41	\$315.41	1 per 5 years per tooth
	Tooth numbers		40000	40000	
D2792	· ·	CROWN-FULL CAST NOBLE METAL	\$386.37	\$386.37	1 per 5 years per tooth
		INTERIM CROWN-FURTHER TREATMENT OR COMPLETION			
D2799	·	OF DIAGNOSIS NECESSARY PRIOR TO FINAL IMPRESSION	\$150.00	\$150.00	1 per 5 years per tooth
	Tooth numbers				
D2920	,	RE-CEMENT OR RE-BOND CROWN	\$27.50	\$27.50	1 per 5 years per tooth
		PREFABRICATED PORCELAIN/CERAMIC CROWN-PERMANENT			
D2928	•	TOOTH	\$153.00	\$153.00	1 per 5 years per tooth
T ₁	Tooth numbers				
D2930	•	PREFABRICATED STAINLESS STEEL CROWN-PRIMARY TOOTH	\$119.60	\$119.60	1 per 5 years per tooth
T/	Tooth numbers	PREFABRICATED STAINLESS STEEL CROWN-PERMANENT			
D2931	1-32, A-T	тоотн	\$133.90	\$133.90	1 per 5 years per tooth
T	Tooth numbers				
D2932	1-32, A-T	PREFABRICATED RESIN CROWN	\$113.10	\$113.10	1 per 5 years per tooth
T,	Tooth numbers				
	1-32, A-T				
	Surface code	PREFABRICATED ESTHETIC COATED STAINLESS STEEL CROWN			
D2934 M	И, О, D, B, L, F, I	- PRIMARY TOOTH	\$119.60	n/c	Once per tooth per 12 month per member. Ages 0 - 11



			UNDER	21 and	
Proc			AGE 21	OVER	
Code	Requirements	Procedure Description	Rate	Rate	Notes
	Tooth numbers				
D2940	1-32, A-T	PROTECTIVE RESTORATION	\$60.78	60.78	
D2950	1-32, A-T	CORE BUILD-UP, INCLUDING ANY PINS WHEN REQUIRED	\$100.00	\$100.00	change to adult and child 1/1/2023 no prior auth required.
	Tooth numbers				
	1 2 3 14 15 16 17				Permanent molars only (1 2 3 14 15 16 17 18 19 30 31 32). 1 per tooth per date of
D2951	18 19 30 31 32	PIN RETENTION-PER TOOTH, IN ADDITION TO RESTORATION	\$13.00	\$13.00	service and 2 per lifetime per member
	Tooth numbers				
D2954	1-32, A-T	PREFABRICATED POST AND CORE IN ADDITION TO CROWN	\$130.00	\$130.00	change to adult and child 1/1/2023 no prior auth required.
	Tooth numbers	RESIN INFILTRATION OF INCIPIENT SMOOTH SURFACE			
D2990	1-32, A-T	LESIONS	\$97.48	\$97.48	2 per tooth per lifetime
	Tooth numbers				
D3110	1-32, A-T	PULP CAP-DIRECT (EXCLUDING FINAL RESTORATION)	\$17.00	n/c	
D3120		PULP CAP-INDIRECT (EXCLUDING FINAL RESTORATION)	\$190.83	190.83	Prior Authorization required
		THERAPEUTIC PULPOTOMY (EXCLUDING FINAL			
		RESTORATION) REMOVAL OF PULP CORONAL TO THE			
	Tooth numbers	DENTINOCEMENTAL JUNCTION AND APPLICATION OF			
D3220	1-32, A-T	MEDICAMENT	\$67.60	n/c	1 per tooth per lifetime
	Tooth numbers	ENDODONTIC THERAPY, ANTERIOR TOOTH (EXCLUDING			
D3310	6-11; 22-27	FINAL RESTORATION)	\$274.30	\$274.30	1 per tooth per lifetime
	Tooth numbers				
	4-5; 12-13; 28-29;	ENDODONTIC THERAPY, PREMOLAR TOOTH (EXCLUDING			
D3320	20-21	FINAL RESTORATION)	\$344.50	\$344.50	1 per tooth per lifetime
	Tooth numbers				
	1 2 3 14 15 16 17	ENDODONTIC THERAPY, MOLAR TOOTH (EXCLUDING FINAL			
D3330	18 19 30 31 32	RESTORATION)	\$481.00	\$481.00	1 per tooth per lifetime
	Tooth numbers	RETREATMENT OF PREVIOUS ROOT CANAL THERAPY-	4	4000-0	
D3346	6-11; 22-27	ANTERIOR	\$606.58	\$606.58	1 per tooth per lifetime
	Tooth numbers	DETDE ATMENT OF DDE VIOLES DOOT CANAL THE DADY			
D2247	4-5; 12-13; 28-29;	RETREATMENT OF PREVIOUS ROOT CANAL THERAPY-	¢505.20	¢606.20	A contract of the second
D3347	20-21	PREMOLAR	\$696.20	\$696.20	1 per tooth per lifetime
	Tooth numbers				
D2240	1 2 3 14 15 16 17	DETDE ATMENT OF DDEVIOUS DOOT CANAL THED ADVIAGO	¢724.21	Ċ724 21	1 nor tooth nor lifetime
D3348	18 19 30 31 32	RETREATMENT OF PREVIOUS ROOT CANAL THERAPY-MOLAR APEXIFICATION/RECALCIFICATION-INITIAL VISIT (APICAL	\$724.31	\$724.31	1 per tooth per lifetime
	Tooth numbers	CLOSURE/CALCIFIC REPAIR OF PERFORATIONS, ROOT			
D3351	1-32, A-T	RESORPTION, ETC.)	\$149.60	\$149.60	1 per tooth per lifetime
03331	1-32, A-1	APEXIFICATION/RECALCIFICATION-INTERIM MEDICATION	7143.00	Ş143.00	1 per tooth per methine
		REPLACEMENT (APICAL CLOSURE/CALCIFIC REPAIR OF			
	Tooth numbers	PERFORATIONS, ROOT RESORPTION, PULP SPACE			
D3352	1-32, A-T	DISINFECTION, ETC.)	\$104.50	\$104.50	1 per tooth per lifetime
03332	1-32, A-1	DISHNI ECTION, LTC./	7104.30	7104.30	T per tooth per metime



			UNDER	21 and	
Proc			AGE 21	OVER	
Code	Requirements	Procedure Description	Rate	Rate	Notes
Code	Requirements	· · · · · · · · · · · · · · · · · · ·	Nate	nate	Notes
		APEXIFICATION/RECALCIFICATION-FINAL VISIT (INCLUDES			
	Tooth numbers	COMPLETED ROOT CANAL THERAPY-APICAL			
D3353	1-32, A-T	CLOSURE/CALCIFIC REPAIR OF PERFORATIONS, ROOT RESORPTION, ETC)	\$246.40	¢246.40	1 per tooth per lifetime
טטטט	Tooth numbers	RESORPTION, ETC)	\$240.40	\$240.40	1 per tootii per illetiille
D3410	6-11; 22-27	APICOECTOMY-ANTERIOR	\$201.50	\$155.00	1 per tooth per lifetime
55410	Tooth numbers	A TOOLETON TANTEMON	7201.50	7133.00	I per tooth per metime
	4-5; 12-13; 28-29;				
D3421	20-21	APICOECTOMY-PREMOLAR FIRST ROOT	\$201.50	\$155.00	1 per tooth per lifetime
	Tooth numbers		,	,	Provide the control of the control o
	1 2 3 14 15 16 17				
D3425	18 19 30 31 32	APICOECTOMY-MOLAR FIRST ROOT	\$201.50	\$155.00	1 per tooth per lifetime
	Tooth numbers				
D3426	1-32, A-T	APICOECTOMY-PER TOOTH EACH ADDITIONAL ROOT	\$197.00	\$197.00	1 per tooth per lifetime
	Tooth numbers				
D3430	1-32, A-T	RETROGRADE FILLING-PER ROOT	\$134.10	\$134.10	1 per tooth per lifetime
		GINGIVECTOMY OR GINGIVOPLASTY-FOUR OR MORE			Requires prior authorization - must have chronic conditions or take medications that
	Quadrant	CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER			cause hypertrophic gingival growth. One (1) per tooth or per quadrant, per provider,
D4210	10, 20, 30, 40	QUADRANT	\$336.70	\$259.00	per recipient per twelve (12) month period
		GINGIVECTOMY OR GINGIVOPLASTY-ONE TO THREE			Requires prior authorization - must have chronic conditions or take medications that
	Quadrant	CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES PER	4	4	cause hypertrophic gingival growth. One (1) per tooth or per quadrant, per provider,
D4211	10, 20, 30, 40	QUADRANT	\$104.00	\$104.00	per recipient per twelve (12) month period
	Over due not	CINICIVECTORAY OR CINICIVORI ACTV TO ALLOW ACCESS FOR			Requires prior authorization - must have chronic conditions or take medications that
D4212	Quadrant	GINGIVECTOMY OR GINGIVOPLASTY TO ALLOW ACCESS FOR	¢220.16	¢220.16	cause hypertrophic gingival growth. One (1) per tooth or per quadrant, per provider,
D4212	10, 20, 30, 40	RESTORATIVE PROCEDURE, PER TOOTH GINGIVAL FLAP PROCEDURE, INCLUDING ROOT PLANING-	\$220.16	\$220.16	per recipient per twelve (12) month period Requires prior authorization - must have chronic conditions or take medications that
	Quadrant	FOUR OR MORE CONTIGUOUS TEETH OR TOOTH BOUNDED			cause hypertrophic gingival growth. One (1) per tooth or per quadrant, per provider,
D4240	10, 20, 30, 40	SPACES PER QUADRANT	\$526.26	\$526.26	per recipient per twelve (12) month period
D4240	10, 20, 30, 40	GINGIVAL FLAP PROCEDURE, INCLUDING ROOT PLANING-	7320.20	7520.20	Requires prior authorization - must have chronic conditions or take medications that
	Quadrant	ONE TO THREE CONTIGUOUS TEETH OR TOOTH BOUNDED			cause hypertrophic gingival growth. One (1) per tooth or per quadrant, per provider,
D4241	,	SPACES PER QUADRANT	\$341.20	\$341.20	per recipient per twelve (12) month period
	-, -, -, -	SCALING IN PRESENCE OF GENERALIZED MODERATE OR	, , , , , , , , , , , , , , , , , , , ,	, -	
		SEVERE GINGIVAL INFLAMMATION - FULL MOUTH, AFTER			
D4346		ORAL EVALUATION	\$204.00	\$204.00	Prior Authorization required
	Tooth numbers				
	1-32, A-T				
	Quadrant				
D4249	10, 20, 30, 40	CLINICAL CROWN LENGTHEN-HARD TISSUE	\$483.71	\$483.71	1 per tooth/quadrant per lifetime
	Quadrant	BONE REPLCE GRAFT-RETAINED NATURAL TOOTH-FIRST SITE		l	
D4263	10, 20, 30, 40	IN QUADRANT	\$414.97	\$414.97	1 per site (quadrant) per lifetime
D 4266	Quadrant	GUIDED TISSUE REGENERATION, NATURAL TEETH-	6645.00	6645.36	
D4266	10, 20, 30, 40	RESORBABLE BARRIER, PER SITE	\$645.39	\$645.39	1 per 36 months per quadrant



			UNDER	21 and	
Proc			AGE 21	OVER	
Code	Requirements	Procedure Description	Rate	Rate	Notes
	Quadrant	GUIDED TISSUE REGENERATION, NATURAL TEETH-	110.00	11000	
D4267	10, 20, 30, 40	NONRESORBABLE BARRIER, PER SITE	\$692.29	\$692.29	1 per 36 months per quadrant
54207	Tooth numbers	NOTICE STANDED BY MINIER, I EN SITE	7032.23	7032.23	i per 30 months per quadrant
	1-32, A-T				
	Quadrant				
D4270	10, 20, 30, 40	PEDICLE SOFT TISSUE GRAFT PROCEDURE	\$554.25	\$554.25	1 per area (Quadrant/tooth) per lifetime
54270	10, 20, 30, 40	AUTOGENOUS CONNECTIVE TISSUE GRAFT PROCEDURE	7554.25	7554.25	per area (Quadranty tooth) per meanine
		(INCUDING DONOR AND RECIPIENT SURGICAL SITES) FIRST			
	Tooth numbers	TOOTH, IMPLANT, OR EDENTULOUS TOOTH POSITION IN			
D4273	1-32, A-T	IGRAFT	\$654.75	\$654.75	1 per area (tooth) per lifetime
21273	1 32,711	FREE SOFT TISSUE GRAFT PROCEDURE (INCUDING DONOR	φου 1175	φοσσ	per area (costil) per metime
	Tooth numbers	AND RECIPIENT SURGICAL SITES) FIRST TOOTH, IMPLANT, OR			
D4277	1-32, A-T	EDENTULOUS TOOTH POSITION IN GRAFT	\$363.17	\$363.17	1 per area (tooth) per lifetime
54277	Tooth numbers	SPLINT-INTRA-CORONAL; NATURAL TEETH OR PROSTHETIC	7505.17	7505.17	per area (cootil) per metime
D4322	1-32, A-T	CROWNS	\$240.79	\$240.79	
D-1322	Tooth numbers	SPLINT-EXTRA-CORONAL; NATURAL TEETH OR PROSTHETIC	ŞZ40.73	γ <u>2</u> -τ0.73	
D4323	1-32, A-T	CROWNS	\$212.46	\$212.46	
D-1323	Quadrant	PERIODONTAL SCALING AND ROOT PLANING-FOUR OR	7212. 4 0	7212.40	Requires prior authorization- not to exceed 1 per quadrant, per twelve months, per
D4341	10, 20, 30, 40	MORE TEETH, PER QUADRANT	\$101.40	\$78.00	recipient, per provider
D-13-11	Tooth numbers	PERIODONTAL SCALING AND ROOT PLANING-ONE TO THREE	7101.40	770.00	recipient, per provider
D4342	1-32, A-T	TEETH, PER QUADRANT	\$36.42	\$28.02	
D-13-12	1 32,711	FULL MOUTH DEBRIDEMENT TO ENABLE A COMPREHENSIVE	750.12	720.02	
		PERIDONTAL EVALUATION AND DIAGNOSIS ON A			
D4355		SUBSEQUENT VISIT	\$68.50	\$68.50	Adults and children
- 1000		LOCALIZED DELIVERY ANTIMICROBIAL AGENTS VIA	700.00	700.00	Prior authorization required - only allowed after treatment of periodontal disease;
	Tooth numbers	CONTROLLED RELEASE VEHICLE INTO DISEASED CREVICULAR			received perio maintenance; or an isolated pocket depth of greater than 5mm – not to
D4381	1-32, A-T	TISSUE, PER TOOTH	\$110.28	\$110.28	be used for generalized perio thearopy.
D4910		PERIODONTAL MAINTENANCE PROCEDURES	\$96.88	\$96.88	The second of General Second of Seco
D-1310		UNSCHEDULED DRESSING CHANGE (BY SOMEONE OTHER	750.00	750.00	
D4920		THAN TREATING DENTIST OR THEIR STAFF)	\$94.05	\$94.05	
D-1320		THAN TREATING DENTIST ON THEIR STAFF	Ş54.05	754.05	Every 5 years - more frequent for children under 21 if medically necessary due to
					growth - Prior Authorization Required for children if more than 1 needed in 5 year
D5110		DENTURES COMPLETE MAXILLARY	\$656.11	\$656.11	
23110		DENT ONES COMM EETE WAR WILL MA	φ030.11	φ030.11	Every 5 years - more frequent for children under 21 if medically necessary due to
					growth - Prior Authorization Required for children if more than 1 needed in 5 year
D5120		DENTURES COMPLETE MANDIBULAR	\$611.73	\$611.73	period
		The same term with the same terms and the same terms are the same terms and the same terms are the same term	7011.75	7011.70	Every 5 years - more frequent for children under 21 if medically necessary due to
					growth - Prior Authorization Required for children if more than 1 needed in 5 year
D5130		DENTURES IMMEDIATE MAXILLARY	\$567.40	\$567.40	period
			Ç307.40	7557.40	Every 5 years - more frequent for children under 21 if medically necessary due to
					growth - Prior Authorization Required for children if more than 1 needed in 5 year
D5140		DENTURES IMMEDIATE MANDIBULAR	\$543.95	\$543.95	period
1202.0		D I I I I I I I I I I I I I I I I I I I	75.55	75 75.55	F



			UNDER	21 and	
Proc			AGE 21	OVER	
Code	Requirements	Procedure Description	Rate	Rate	Notes
					Every 5 years - more frequent for children under 21 if medically necessary due to
		MAXILLARY PARTIAL DENTURE-RESIN BASE (INCLUDING,			growth - Prior Authorization Required for children if more than 1 needed in 5 year
D5211		RETENTIVE/CLASPING MATERIALS, RESTS, AND TEETH)	\$624.64	\$624.64	period
					Every 5 years - more frequent for children under 21 if medically necessary due to
		MANDIBULAR PARTIAL DENTURE-RESIN BASE (INCLUDING,			growth - Prior Authorization Required for children if more than 1 needed in 5 year
D5212		RETENTIVE/CLASPING MATERIALS, RESTS, AND TEETH)	\$595.80	\$595.80	period
		MAXILLARY PARTIAL DENTURE-CAST METAL FRAMEWORK			Every 5 years - more frequent for children under 21 if medically necessary due to
DE242		WITH RESIN DENTURE BASES (INCLUDING,	ĆE 45 20	65.45.20	growth - Prior Authorization Required for children if more than 1 needed in 5 year
D5213		RETENTIVE/CLASPING MATERIALS, RESTS, AND TEETH) MANDIBULAR PARTIAL DENTURE-CAST METAL FRAMEWORK	\$545.30	\$545.30	period
		WITH RESIN DENTURE BASES (INCLUDING,			Every 5 years - more frequent for children under 21 if medically necessary due to growth - Prior Authorization Required for children if more than 1 needed in 5 year
D5214		RETENTIVE/CLASPING MATERIALS, RESTS, AND TEETH)	\$571.75	\$571.75	period
03214		IMMEDIATE MAXILLARY PARTIAL DENTURE-RESIN BASE	J3/1./3	Ş3/1./3	Every 5 years - more frequent for children under 21 if medically necessary due to
		(INCLUDING, RETENTIVE/CLASPING MATERIALS, RESTS, AND			growth - Prior Authorization Required for children if more than 1 needed in 5 year
D5221		TEETH)	\$585.18	\$585.18	period
		IMMEDIATE MANDIBULAR PARTIAL DENTURE-RESIN BASE	,	,	Every 5 years - more frequent for children under 21 if medically necessary due to
		(INCLUDING, RETENTIVE/CLASPING MATERIALS, RESTS, AND			growth - Prior Authorization Required for children if more than 1 needed in 5 year
D5222		TEETH)	\$487.67	\$487.67	period
					Every 5 years - more frequent for children under 21 if medically necessary due to
		MAXILLARY PARTIAL DENTURE - FLEXIBLE BASE (INCLUDING			growth - Prior Authorization Required for children if more than 1 needed in 5 year
D5225		RETENTIVE/CLASPING MATERIALS, RESTS, AND TEETH)	\$793.00	\$793.00	period
		MANDIBULAR PARTIAL DENTURE - FLEXIBLE BASE			Every 5 years - more frequent for children under 21 if medically necessary due to
		(INCLUDING RETENTIVE/CLASPING MATERIALS, RESTS, AND			growth - Prior Authorization Required for children if more than 1 needed in 5 year
D5226		TEETH)	\$920.55	\$920.55	period
		REMOVABLE UNILATERAL PARTIAL DENTURE-ONE PIECE			Every 5 years - more frequent for children under 21 if medically necessary due to
DE 202		CAST METAL (INCLUDING, RETENTIVE/CLASPING MATERIALS,	¢200.00	¢260.00	growth - Prior Authorization Required for children if more than 1 needed in 5 year
D5282		RESTS, AND TEETH), MAXILLARY REMOVABLE UNILATERAL PARTIAL DENTURE-ONE PIECE	\$360.00	\$360.00	period Every 5 years - more frequent for children under 21 if medically necessary due to
		CAST METAL (INCLUDING, RETENTIVE/CLASPING MATERIALS,			growth - Prior Authorization Required for children if more than 1 needed in 5 year
D5283		RESTS, AND TEETH), MANDIBULAR	\$360.00	\$360.00	period
D3203		REMOVABLE UNILATERAL PARTIAL DENTURE-ONE PIECE	7500.00	7500.00	Every 5 years - more frequent for children under 21 if medically necessary due to
		FLEXIBLE BASE (INCLUDING, RETENTIVE/CLASPING			growth - Prior Authorization Required for children if more than 1 needed in 5 year
D5284		MATERIALS, RESTS, AND TEETH), PER QUADRANT	\$400.00	\$400.00	period
	1	REMOVABLE UNILATERAL PARTIAL DENTURE-ONE PIECE	<u> </u>		Every 5 years - more frequent for children under 21 if medically necessary due to
		RESIN (INCLUDING, RETENTIVE/CLASPING MATERIALS,			growth - Prior Authorization Required for children if more than 1 needed in 5 year
D5286		RESTS, AND TEETH), PER QUADRANT	\$400.00	\$400.00	period
D5410		ADJUST COMPLETE DENTURE-MAXILLARY	\$15.40	\$15.40	1 per 12 months
D5411		ADJUST COMPLETE DENTURE-MANDIBULAR	\$15.40	\$15.40	1 per 12 months
D5421		ADJUST PARTIAL DENTURE-MAXILLARY	\$15.40	\$15.40	1 per 12 months
D5422		ADJUST PARTIAL DENTURE-MANDIBLUAR	\$15.40	\$15.40	1 per 12 months
D5511		REPAIR BROKEN COMPLETE DENTURE BASE, MANDIBULAR	\$50.60	\$50.60	1 per 12 months



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Proc			AGE 21	OVER	
Code	Requirements	Procedure Description	Rate	Rate	Notes
D5512		REPAIR BROKEN COMPLETE DENTURE BASE, MAXILLARY	\$50.60	\$50.60	1 per 12 months
	Tooth numbers	REPLACE MISSING/BROKEN TEETH-DENTURE-COMPLETE			
D5520	1-32, A-T	DENTURE (EACH TOOTH)	\$31.00	\$31.00	1 per 12 months
D5621		REPAIR CAST PARTIAL FRAMEWORK, MANDIBULAR	\$72.60	\$72.60	not exceed three (3) repairs per twelve (12) month
D5622		REPAIR CAST PARTIAL FRAMEWORK, MAXILLARY	\$72.60	\$72.60	1 per 12 months
		REPAIR OR REPLACE BROKEN RETENTIVE CLASPING			
D5630		MATERIALS - PER TOOTH	\$64.90	\$64.90	1 per 12 months
	Tooth numbers				
D5640	1-32, A-T	REPLACE BROKEN TEETH-PER TOOTH/DENTURE	\$36.40	\$36.40	1 per 12 months
D5731		RELINE LOWER COMPLETE MANDIBULAR DENTURE (DIRECT)	\$88.00	\$88.00	1 per 12 months
D5740		RELINE MAXILLARY PARTIAL DENTURE (DIRECT)	\$88.00	\$88.00	1 per 12 months
D5750		RELINE COMPLETE MAXILLARY DENTURE (INDIRECT)	\$128.70	\$128.70	1 per 12 months
D5751		RELINE COMPLETE MANDIBULAR DENTURE (INDIRECT)	\$128.70	\$128.70	1 per 12 months
		INTERIM PARTIAL DENTURE (INCLUDING,			
		RETENTIVE/CLASPING MATERIALS, RESTS, AND TEETH),			
D5820		MAXILLARY	\$319.80	\$319.80	1 per 5 years
		INTERIM PARTIAL DENTURE (INCLUDING,			
		RETENTIVE/CLASPING MATERIALS, RESTS, AND TEETH),			
D5821		MANDIBULAR	\$336.70		1 per 5 years
D5913		NASAL PROSTHESIS	\$2,036.00		
D5914		AURICULAR PROSTHESIS	\$1,881.00	\$1,881.00	
D5919		FACIAL PROSTHESIS	\$3,408.00	\$3,408.00	
D5931		OBTURATOR PROSTHESIS , SURGICAL	\$1,121.90	\$1,121.90	
D5932		OBTURATOR PROSTHESIS, DEFINITIVE	\$1,992.00	\$1,992.00	
D5934		MANDIBULAR RESECTION PROSTHESIS WITH GUIDE FLANGE	\$1,660.00	\$1,660.00	
D5952		SPEECH AID PROSTHESIS, PEDIATRIC	\$2,036.00	n/c	
D5953		SPEECH AID PROSTHESIS, ADULT	n/c	\$2,036.00	
D5954		PALATAL AUGMENTATION PROSTHESIS	\$1,550.00	\$1,550.00	
D5955		PALATAL LIFT PROSTHESIS, DEFINITIVE	\$1,836.00	\$1,836.00	
D5988		ORAL SURGICAL SPLINT	\$896.00	\$896.00	
			manually	manually	Requires prepayment review to determine if requirements in 907 KAR 1:026 have
D5999		UNSPECIFIED MAXILLOFACIAL PROSTHESIS, BY REPORT	priced	priced	been met prior to authorizing payment
					prior authorization required. An implant must be based on last resort (dentures cause
	Tooth numbers	SURGICAL PLACEMENT OF IMPLANT BODY: ENDOSTEAL			damage or not wearable due to medical reasons)
D6010	1-32, A-T	IMPLANT	\$2,001.07	\$2,001.07	once per tooth per lifetime
					prior authorization required. An implant must be based on last resort (dentures cause
	Tooth numbers	PREFABRICATED ABUTMENT-INCLUDES MODIFICATION AND			damage or not wearable due to medical reasons)
D6056	1-32, A-T	PLACEMENT	\$600.29	\$600.29	once per tooth per lifetime



			UNDER	21 and	
Proc			AGE 21	OVER	
Code	Requirements	Procedure Description	Rate	Rate	Notes
					prior authorization required. An implant must be based on last resort (dentures cause
	Tooth numbers				damage or not wearable due to medical reasons)
D6057	1-32, A-T	CUSTOM FABRICATED ABUTMENT-INCLUDES PLACEMENT	\$729.95	\$729.95	once per tooth per lifetime
					prior authorization required. An implant must be based on last resort (dentures cause
	Tooth numbers				damage or not wearable due to medical reasons)
D6058	1-32, A-T	ABUTMENT SUPPORTED PORCELAIN/CERAMIC CROWN	\$1,076.11	\$1,076.11	once per tooth per lifetime
					prior authorization required. An implant must be based on last resort (dentures cause
5.050	Tooth numbers	ABUTMENT SUPPORTED PORCELAIN FUSED TO METAL	44 004 00	44 004 00	damage or not wearable due to medical reasons)
D6059	1-32, A-T	CROWN (HIGH NOBLE METAL)	\$1,324.39	\$1,324.39	once per tooth per lifetime
	To oth musels and				prior authorization required. An implant must be based on last resort (dentures cause
Dener	Tooth numbers	INADI ANT CUDDORTED DODCELAIN/CEDANIC CROVAIN	¢1 400 03	¢1 400 02	damage or not wearable due to medical reasons)
D6065	1-32, A-T	IMPLANT SUPPORTED PORCELAIN/CERAMIC CROWN	\$1,400.93	\$1,400.93	once per tooth per lifetime prior authorization required. An implant must be based on last resort (dentures cause
	Tooth numbers	IMPLANT SUPPORTED CROWN-PORCELAIN FUSED TO HIGH			damage or not wearable due to medical reasons)
D6066	1-32, A-T	NOBLE ALLOYS	\$1,057.00	\$1.057.00	once per tooth per lifetime
D0000	1-32, A-1	SCALING AND DEBRIDEMENT IN THE PRESENCE OF	71,037.00	71,037.00	once per tooth per metime
		INFLAMMATION OR MUCOSITIS OF A SINGLE IMPLANT,			prior authorization required. An implant must be based on last resort (dentures cause
	Tooth numbers	INCLUDING CLEANING OF THE IMPLANT SURFACES,			damage or not wearable due to medical reasons)
D6190	1-32, A-T	WITHOUT FLAP ENTRY AND CLOSURE	\$411.87	\$411.87	once per tooth per lifetime
	- ,		<u> </u>		prior authorization required. An implant must be based on last resort (dentures cause
	Tooth numbers	BONE GRAFT FOR REPAIR OF PERI-IMPLANT DEFECT-DOES			damage or not wearable due to medical reasons)
D6103	1-32, A-T	NOT INCLUDE FLAP ENTRY AND CLOSURE	\$263.86	\$263.86	once per tooth per lifetime
					prior authorization required. An implant must be based on last resort (dentures cause
	Tooth numbers				damage or not wearable due to medical reasons)
D6081	1-32, A-T	BONE GRAFT AT TIME OF IMPLANT PLACEMENT	\$238.35	\$238.35	once per tooth per lifetime
					prior authorization required. An implant must be based on last resort (dentures cause
	Tooth numbers				damage or not wearable due to medical reasons)
D6104	1-32, A-T	RADIOGRAPHIC/SURGICAL IMPLANT INDEX, BY REPORT	\$288.65	\$288.65	once per tooth per lifetime
		IMPLANT/ABUTMENT SUPPORTED REMOVABLE DENTURE			
D6110		FOR EDENTULOUS ARCH - MAXILLARY	\$1,324.26	\$1,324.26	
		IMPLANT/ABUTMENT SUPPORTED REMOVABLE DENTURE	4		
D6111		FOR EDENTULOUS ARCH - MANDIBULAR	\$1,323.60	\$1,323.60	
DC244	Tooth numbers	DONITIC CAST PREPOMINANTLY PASS ASSTAL	6244.00	6244.00	4 5
D6211	1-32, A-T	PONTIC-CAST PREDOMINANTLY BASE METAL	\$341.00	\$341.00	1 per 5 years
D6340	Tooth numbers	DONTIC DODCELAIN ELICED TO LUCU NODE CASTAL	6402.00	¢492.00	1 per E vegre
D6240	1-32, A-T Tooth numbers	PONTIC-PORCELAIN FUSED TO HIGH NOBLE METAL PONTIC-PORCELAIN FUSED TO PREDOMINANTLY BASE	\$483.00	\$483.00	1 per 5 years
D6241	1-32, A-T	METAL	\$341.00	\$341.00	1 per 5 years
D0241	Tooth numbers	IVILIAL	3241.00	λ241.00	i per 3 years
D6242	1-32, A-T	PONTIC-PORCELAIN FUSED TO NOBLE METAL	\$412.00	\$412.00	1 per 5 years
JULTL	Tooth numbers	RETAINER CROWN - PORCELAIN FUSED TO HIGH NOBLE	7412.00	γ-r12.00	1 per 3 years
i	1 Journal Hullinger	The man end with a cheep and a color to more work.		I	



			UNDER	21 and	
Proc			AGE 21	OVER	
Code	Requirements	Procedure Description	Rate	Rate	Notes
Couc	Tooth numbers	RETAINER CROWN - PORCELAIN FUSED TO PREDOMINANTLY	nate	Nate	Hotes
D6751	1-32, A-T	BASE METAL	\$341.00	\$341.00	1 per 5 years
50731	Tooth numbers	DASE WETAL	7541.00	7541.00	i per 3 years
D6752	1-32, A-T	RETAINER CROWN - PORCELAIN FUSED TO NOBLE METAL	\$412.00	\$412.00	1 per 5 years
D0732	Tooth numbers	RETAINER CROWN -1 ORCELAIN 1 OSED TO NOBEL WETAL	7412.00	Ş412.00	i per 3 years
D6930	1-32, A-T	RE-CEMENT OR RE-BOND FIXED PARTIAL DENTURE	\$77.00	\$77.00	
B0330	Tooth numbers	THE CEIMENT OF THE BOND FIXED FARTIAL BENTONE	\$77.00	\$77.00	
D7111	1-32, A-T	EXTRACTION, CORONAL REMNANTS-PRIMARY TOOTH	\$72.25	\$72.25	1 per lifetime per tooth per member regardless of provider
D/111	Tooth numbers	EXTRACTION, CORONAL REIMMANTS-FRIMANT TOOTH EXTRACTION, ERUPTED TOOTH OR EXPOSED ROOT	γ/2.23	٦/2.23	per metime per tooth per member regardless of provider
D7140	1-32, A-T	(ELEVATION AND/OR FORCEPS REMOVAL	\$82.50	\$82.50	1 per lifetime per tooth per member regardless of provider
D7140	1-32, A-1	EXTRACTION, ERUPTED TOOTH REQUIRING REMOVAL OF	702.50	702.30	per metime per tooth per member regardless of provider
	Tooth numbers	BONE AND/OR SECTIONING OF TOOTH, AND INCLUDING			
D7210	1-32, A-T	ELEVATION OF MUCOPERIOSTEAL FLAP IF INDICATED	\$148.50	\$148.50	1 per lifetime per tooth per member regardless of provider
D7210	Tooth numbers	ELEVATION OF WOOD ENOSTEAL FEAT IT INDICATED	7140.50	7140.50	per metime per tooth per member regardless of provider
D7220	1-32, A-T	REMOVAL OF IMPACTED TOOTH-SOFT TISSUE)	\$127.40	\$98.00	1 per lifetime per tooth per member regardless of provider
D7220	Tooth numbers	REMOVAL OF INTERCED TOOTH-SOLT TISSUE,	7127.40	750.00	per metime per tooth per member regardless of provider
D7230	1-32, A-T	REMOVAL OF IMPACTED TOOTH-PARTIALLY BONY	\$179.40	\$138.00	1 per lifetime per tooth per member regardless of provider
D7230	Tooth numbers	REMOVAL OF INFLACED TOOTHER ARTIALLY BORY	Ş173. 4 0	7130.00	per metime per tooth per member regardless of provider
D7240	1-32, A-T	REMOVAL OF IMPACTED TOOTH-COMPLETELY BONY	\$215.80	\$166.00	1 per lifetime per tooth per member regardless of provider
D7240	Tooth numbers	REMOVAL OF IMPACTED TOOTH-COMPLETELY BONY WITH	7213.00	7100.00	per metime per tooth per member regardless of provider
D7241	1-32, A-T	UNUSUAL SURGICAL COMPLICATIONS	\$222.30	\$171.00	1 per lifetime per tooth per member regardless of provider
D7241	Tooth numbers	REMOVAL OF RESIDUAL TOOTH ROOTS (CUTTING	7222.30	7171.00	per metime per tooth per member regardless of provider
D7250	1-32, A-T	PROCEDURE)	\$142.00	\$142.00	1 per lifetime per tooth per member regardless of provider
D7230	Tooth numbers	CORONECTOMY-INTENTIONAL PARTIAL TOOTH REMOVAL,	7142.00	7172.00	per metime per tooth per member regardless of provider
D7251	1-32, A-T	IMPACTED TEETH ONLY	\$466.37	\$466.37	1 per lifetime per tooth
D7260	1 32, A 1	ORAL ANTRAL FISTULA CLOSURE	\$135.20	\$104.00	i per metime per tooth
D7260	Tooth numbers	TOOTH REIMPLANTATION AND/OR STABILIZATION OF	\$155.20	\$104.00	
D7270	1-32, A-T	ACCIDENTALLY EVULSED OR DISPLACED TOOTH	\$200.00	\$200.00	
D7270	1-32, A-1	ACCIDENTALLY EVOLSED OR DISPLACED TOOTH	\$200.00	\$200.00	Per 907 KAR 1:026
					Coverage of surgical access of an unerupted tooth shall:
	Tooth numbers				(a) Be limited to exposure of the tooth for orthodontic treatment; and
D7280	1-32, A-T	EXPOSURE OF AN UNERUPTED TOOTH	\$434.25	\$434.25	(b) Require prepayment review.
D7280	1-32, A-1	EXPOSORE OF AIN UNEROFIED TOOTH	3434.Z3	3434.Z3	(b) Require prepayment review.
	Quadrant	ALVEOPLASTY IN CONJUNCTION WITH EXTRACTIONS-FOUR			Be limited to one (1) per quadrant, per lifetime, per recipient; Require a minimum of a
D7310	10, 20, 30, 40	OR MORE TEETH OR TOOTH SPACES, PER QUADRANT	\$189.49	\$189.49	four (4) tooth area within the same quadrant.
0/310	10, 20, 30, 40	ON WORL TELITION TOOTH SPACES, FEN QUADRAINT	7103.43	7103.43	Todi (4) todii area witiiii tile saille quadralit.
	Quadrant	ALVEOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS-			
D7320	10, 20, 30, 40	FOUR OR MORE TEETH OR TOOTH SPACES, PER QUADRANT	\$189.49	\$189.49	
D7410	10, 20, 30, 40	EXCISION OF BENIGN LESION LESS THAN 1.25 CM	\$87.10	\$67.00	
0/410		LACISION OF BEINIGIN LESION LESS THAIN 1.25 CIVI	30/.10	307.00	
D7411		EXCISION OF BENIGN TISSUE LESION GREATER THAN 1.25 CM	\$87.10	\$67.00	



Proc Code 1 1 1 1 1 1 1 1 1	Requirements Arch number 01, 02	Procedure Description REMOVAL OF LATERAL EXOSTOSIS (MAXILLA OR MANDIBLE)	UNDER AGE 21 Rate	21 and OVER Rate	
D7471 D7472 D7473	Arch number	·			No.
D7471 D7472 D7473	Arch number	·			Notes
D7472 D7473		REMOVAL OF LATERAL EXOSTOSIS (MAXILLA OR MANDIBLE)			
D7472 D7473	,		\$101.40	\$78.00	
D7473		REMOVAL OF TORUS PALATINUS	\$302.47	\$302.47	1 per lifetime
		REMOVAL OF TORUS MANDIBULARIS	\$209.28	\$209.28	1 per quadrant per lifetime
D7510			¥=000	7-001-0	
		INCISION & DRAINAGE OF ABSCESS-INTRAORAL SOFT TISSUE	\$67.60	\$52.00	
D7520		INCISION & DRAINAGE OF ABSCESS-EXTRAORAL SOFT TISSUE	\$80.60	\$62.00	
		REMOVAL OF FOREIGN BODY FROM MUCOSA, SKIN, OR			
D7530		SUBCUTANEOUS ALVEOLAR TISSUE	\$201.50	\$201.50	
D7880		OCCLUSAL ORTHOTIC APPLIANCE	\$424.00	\$424.00	Requires prior authorization - 1 per lifetime
D7910		SUTURE OF RECENT SMALL WOUND UP TO 5CM	\$67.60	\$52.00	
D7961		BUCCAL/LABIAL FRENECTOMY	\$167.60	\$167.60	2 per date of service @ \$167.60 each
D7962		LINGUAL FRENECTOMY	\$167.60	\$167.60	2 per date of service @ \$167.60 each
D8210		REMOVABLE APPLIANCE THERAPY	\$362.00	n/c	Requires prior authorization
D8220		FIXED APPLIANCE THERAPY	\$259.00	n/c	Requires prior authorization
D8698		RE-CEMENT OR RE-BOND FIXED RETAINER-MAXILLARY	\$75.00	n/c	
D8699		RE-CEMENT OR RE-BOND FIXED RETAINER MANDIBULAR	\$75.00	n/c	
D8701		REPAIR OF FIXED RETAINER, INCLUDES REATTACHMENT- MAXILLARY	\$25.00	n/c	1 per 4 years
		REPAIR OF FIXED RETAINER, INCLUDES REATTACHMENT-	<u>'</u>	,	
D8702		MANDIBULAR	\$25.00	n/c	1 per 4 years
D8703		REPLACEMENT OF LOST/BROKEN RETAINER-MAXILLARY	\$93.64	n/c	1 per 4 years
D8704		REPLACEMENT OF LOST/BROKEN RETAINER MANDIBULAR	\$93.64	n/c	1 per 4 years
D9110		PALLIATIVE TREATMENT OF DENTAL PAIN-PER VISIT	\$61.95	\$61.95	1 per date of service
		DEEP SEDATION/GENERAL ANESTHESIA - FIRST 15 MINUTE			Effective date 01/01/2018 Allow any combination of CDT D9222 and D9223 for a
D9222		INCREMENT	\$75.00	\$75.00	maximum of four times per date of service
		DEEP SEDATION/GENERAL ANESTHESIA - EACH SUBSEQUENT			Allow any combination of CDT D9222 and D9223 for a maximum of four times per
D9223		15 MINUTE INCREMENT	\$75.00	\$75.00	date of service
D9230		INHALATION OF NITROUS OXIDE/AXIOLYSIS ANALGESIA	\$39.00	\$39.00	
		INTRAVENOUS MODERATE (CONSCIOUS)			Requires Dentists to have anesthesia certification on file in their office for auditing
D9239		SEDATION/ANALGESIA-FIRST 15 MINUTES	\$138.78	138.78	purposes
		INTRAVENOUS MODERATE (CONSCIOUS)			Described Described to be a second of the se
D0242		SEDATION/ANALGESIA-EACH SUBSEQUENT 15 MINUTE	ć120.70	¢120.70	Requires Dentists to have anesthesia certification on file in their office for auditing
D9243		INCREMENT	\$138.78	\$138.78	purposes Requires Dentists to have anesthesia certification on file in their office for auditing
D9248		NON-INTRAVENOUS CONCIOUS SEDATION	\$39.00	\$39.00	purposes
D9410		HOUSE/EXTENDED CARE FACILITIES CALL	\$67.60	\$52.00	F = 1 F = 2 F =
D9420		HOSPITAL OR AMBULATORY SURGICAL CENTER CALL	\$67.60	\$52.00	
D9944		OCCLUSAL GUARD-HARD APPLIANCE, FULL ARCH	\$150.00	\$150.00	1 per 2 years
D9945		OCCLUSAL GUARD-SOFT APPLIANCE, FULL ARCH	\$250.00	\$250.00	1 per 2 years



		LIMPED	21 and	
P		UNDER	21 and	
Proc		AGE 21	OVER	
Code Requirer	ments Procedure Description	Rate	Rate	Notes
9946	OCCLUSAL GUARD-HARD APPLIANCE, PARTIAL ARCH	\$100.00	\$100.00	1 per 2 years
9986	MISSED APPOINTMENT	n/c	n/c	
9987	CANCELLED APPOINTMENT	n/c	n/c	
)ral Pathology	Procedures and Fee Schedule			
	ACCESSION OF TISSUE GROSS EXAMINATION, PREPARA	TION		
	AND TRANSMISSION OF WRITTEN REPORT (ONLY COVE	RED		
0472	IF PROVIDED BY AN ORAL PATHOLOGIST)	\$43.71	\$43.71	Covered for adults effective 1/1/2023
	ACCESSION OF TISSUE GROSS AND MICROSCOPIC			
	EXAMINATION, PREPARATION AND TRANSMISSION OF			
	WRITTEN REPORT (ONLY COVERED IF PROVIDED BY AN	ORAL		
0473	PATHOLOGIST)	\$61.81	\$61.81	Covered for adults effective 1/1/2023
	ACCESSION OF TISSUE, GROSS AND MICROSCOPIC			
	EXAMINATION INCLUDING ASSESSMENT OF SURGICAL			
	MARGINS FOR PRESENCE OF DISEASE, PREPARATION AN			
	TRANSMISSION OF WRITTEN REPORT (ONLY COVERED I			
0474	PROVIDED BY AN ORAL PATHOLOGIST)	\$152.38	\$152.38	Covered for adults effective 1/1/2023
	DECALCIFICATION PROCEDURE (ONLY COVERED IF PROV			
0486	BY AN ORAL PATHOLOGIST)	\$35.44	\$35.44	Covered for adults effective 1/1/2023
	SPECIAL STAINS FOR MICROORGANISMS (ONLY COVERE			
0475	PROVIDED BY AN ORAL PATHOLOGIST)	\$12.57	\$12.57	Covered for adults effective 1/1/2023
	SPECIAL STAINS NOT FOR MICROORGANISMS (ONLY	4	4	
0476	COVERED IF PROVIDED BY AN ORAL PATHOLOGIST)	\$71.03	\$71.03	Covered for adults effective 1/1/2023
0.477	IMMUNOHISTOCHEMICAL STAINS (ONLY COVERED IF	674.00	674.00	
0477	PROVIDED BY AN ORAL PATHOLOGIST)	\$71.03	\$71.03	Covered for adults effective 1/1/2023
	TISSUE IN-SITU HYBRIDIZATION, INCLUDING	2041		
0.470	INTERPRETATION (ONLY COVERED IF PROVIDED BY AN C		¢74.07	C
0478	PATHOLOGIST)	\$71.97	\$71.97	Covered for adults effective 1/1/2023
0470	·	¢EE 42	¢EE 42	Covered for adults offertive 1/1/2022
1479	•	· ·	\$55.45	Covered for adults effective 1/1/2023
0492	·		\$52.00	Covered for adults offestive 1/1/2022
J40Z	COVERED IF PROVIDED BY AN ORAL PATRIOLOGISTY	\$32.09	332.03	Covered for addits effective 1/1/2023
	CONSULTATION INCLUDING PREPARATION OF SUIDES E	ROM		
	· · · · · · · · · · · · · · · · · · ·			
0484	·		\$52.09	Covered for adults effective 1/1/2023
,,,,,	,	· ·	732.03	Covered for additis effective 1/1/2023
0485	*		\$88.10	Covered for adults effective 1/1/2023
0479 0482 0484 0485	DIRECT IMMUNOFLUORESCENCE (ONLY COVERED IF PROVIDED BY AN ORAL PATHOLOGIST) CONSULTATION ON SLIDES PREPARED ELSEWHERE (ONLY COVERED IF PROVIDED BY AN ORAL PATHOLOGIST) CONSULTATION, INCLUDING PREPARATION OF SLIDES F BIOPSY MATERIAL SUPPLIED BY REFERRING SOURCE (OIL COVERED IF PROVIDED BY AN ORAL PATHOLOGIST) LABORATORY ACCESSION OF TRANSEPITHELIAL CYTOLOGIST SAMLE MICROSCOPIC EXAMINATION AND PREPARATION AND TRANSMISSION OF WRITTEN REPORT (ONLY COVERED IF PROVIDED BY AN ORAL PATHOLOGIST)	\$55.43 LY \$52.09 ROM NLY \$52.09 GGIC N	\$55.43 \$52.09 \$52.09 \$88.10	Covered for adults effective 1/1/2023 Covered for adults effective 1/1/2023 Covered for adults effective 1/1/2023 Covered for adults effective 1/1/2023



			UNDER	21 and	
Duna					
Proc			AGE 21	OVER	
Code	Requirements	Procedure Description	Rate	Rate	Notes
		LABORATORY ACCESSION OF TRANSEPITHELIAL CYTOLOGIC			
		SAMLE MICROSCOPIC EXAMINATION AND PREPARATION			
		AND TRANSMISSION OF WRITTEN REPORT (ONLY COVERED		4	
D0486		IF PROVIDED BY AN ORAL PATHOLOGIST)	\$35.44	\$35.44	Covered for adults effective 1/1/2023
<u>Orthod</u>	ontic Proced	ures and Fee Schedule			
		PRE-ORTHODONTIC TREATMENT EXAMINATION TO			Requires prior authorization - and only if individual ultimately not approved for
D8660		MONITOR GROWTH AND DEVELOPMENT	\$112.00 *	n/c	orthodontic treatment. Age 0 - 21 only
D8670		PERIODIC ORTHODONTIC TREATMENT VISIT	*	n/c	Requires prior authorization. Age 0 - 21 only
D8999		UNSPECIFIED ORTHODONTIC PROCEDURE, BY REPORT	*	n/c	Requires prior authorization. Age 0 - 21 only
<u>Oral Su</u>	rgeon Proced	dures and Fee Schedule			
					A panoramic film shall: a. Be limited to one (1) per twenty-four (24) month period, per recipient, per provider; and b. Require prior authorization in
			4	4	accordance with Section 15(1), (2), and (3) of this administrative regulation
D0330		PANORAMIC RADIOGRAPHIC IMAGE	\$73.70	\$73.70	for a recipient under the age of six (6) years;
	Tooth numbers	A DIGGE COLONIA ANTERIOR	40.00.00	40.00.00	
D3410	1-32, A-T	APICOECTOMY-ANTERIOR	\$363.00	\$363.00	1 per tooth per lifetime
D2424	Tooth numbers	A DISCOURT ON ANY DREAMON ARE FURST ROOT	4224 50	4204.50	A contract of the second
D3421	1-32, A-T	APICOECTOMY-PREMOLAR FIRST ROOT	\$294.50	\$294.50	1 per tooth per lifetime
D2425	Tooth numbers	A DICOECTOMAY MADI A DELIDET DOOT	6204 50	¢204 F0	1 nor tooth nor lifetime
D3425	1-32, A-T Tooth numbers	APICOECTOMY-MOLAR FIRST ROOT	\$294.50	\$294.50	1 per tooth per lifetime
D2426	1-32, A-T	APICOECTOMY-PER TOOTH EACH ADDITIONAL ROOT	\$197.00	¢107.00	1 per tooth per lifetime
D3426	Tooth numbers	APICOECTOWIT-PER TOOTH EACH ADDITIONAL ROOT	\$197.00	\$197.00	1 per tooth per metime
D7111	1-32, A-T	EXTRACTION, CORONAL REMNANTS-PRIMARY TOOTH	\$72.25	\$72.25	1 per lifetime per tooth
D/111	Tooth numbers	EXTRACTION, CONONAE REMINANTS-FRIMARY TOOTH	\$72.23	\$12.23	I per metime per tooth
D7140	1-32, A-T	(ELEVATION AND/OR FORCEPS REMOVAL	\$82.50	\$82.50	1 per lifetime per tooth
D7140	1 32,7(1	EXTRACTION, ERUPTED TOOTH REQUIRING REMOVAL OF	302.30	702.50	per metine per tooth
	Tooth numbers	BONE AND/OR SECTIONING OF TOOTH, AND INCLUDING			
D7210	1-32, A-T	ELEVATION OF MUCOPERIOSTEAL FLAP IF INDICATED	\$148.50	\$148.50	1 per lifetime per tooth
	Tooth numbers		72.0.00	71.0.00	he e e e ber seen.
D7220	1-32, A-T	REMOVAL OF IMPACTED TOOTH-SOFT TISSUE)	\$187.00	\$187.00	1 per lifetime per tooth
	Tooth numbers		7	, = = · · · · ·	
D7230	1-32, A-T	REMOVAL OF IMPACTED TOOTH-PARTIALLY BONY	\$236.50	\$236.50	1 per lifetime per tooth
	Tooth numbers				
D7240	1-32, A-T	REMOVAL OF IMPACTED TOOTH-COMPLETELY BONY	\$295.00	\$295.00	1 per lifetime per tooth
	Tooth numbers	REMOVAL OF IMPACTED TOOTH-COMPLETELY BONY WITH			
D7241	1-32, A-T	UNUSUAL SURGICAL COMPLICATIONS	\$333.00	\$333.00	1 per lifetime per tooth
	Tooth numbers	REMOVAL OF RESIDUAL TOOTH ROOTS (CUTTING			
D7250	1-32, A-T	PROCEDURE)	\$142.00	\$142.00	1 per lifetime per tooth



			UNDER	21 and	
Proc			AGE 21	OVER	
Code	Requirements	Procedure Description	Rate	Rate	Notes
D7260		ORAL ANTRAL FISTULA CLOSURE	\$370.50	\$370.50	
	Tooth numbers	TOOTH REIMPLANTATION AND/OR STABILIZATION OF	φσ.σ.σσ	φον σ.σσ	
D7270	1-32, A-T	ACCIDENTALLY EVULSED OR DISPLACED TOOTH	\$200.00	\$200.00	
					Per 907 KAR 1:026
					Coverage of surgical access of an unerupted tooth shall:
	Tooth numbers				(a) Be limited to exposure of the tooth for orthodontic treatment; and
D7280	1-32, A-T	EXPOSURE OF AN UNERUPTED TOOTH	\$434.25	\$434.25	(b) Require prepayment review.
		INCISIONAL BIOPSY OF ORAL TISSUE - HARD (BONE,			
D7285		тоотн)	\$210.50	\$210.50	
D7286		INCISIONAL BIOPSY OF ORAL TISSUE - SOFT	\$172.59	\$172.59	
		ALVEORIAGEVAN CONTINUETION WITH EVERA CTIONS FOUR			
D7210	Quadrant	ALVEOPLASTY IN CONJUNCTION WITH EXTRACTIONS-FOUR	ć100 40	6100.40	
D7310	10, 20, 30, 40	OR MORE TEETH OR TOOTH SPACES, PER QUADRANT	\$189.49	\$189.49	
	Quadrant	ALVEOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS-			
D7320	10, 20, 30, 40	FOUR OR MORE TEETH OR TOOTH SPACES, PER QUADRANT	\$189.49	\$189.49	
D7410	10, 10, 00, 10	EXCISION OF BENIGN LESION LESS THAN 1.25 CM	\$102.50	\$102.50	
B7 110			Ψ102.30	Ψ102.30	
D7411		EXCISION OF BENIGN TISSUE LESION GREATER THAN 1.25 CM	\$431.00	\$431.00	
	Arch number				
D7471	01, 02	REMOVAL OF LATERAL EXOSTOSIS (MAXILLA OR MANDIBLE)	\$204.00	\$204.00	
D7472		REMOVAL OF TORUS PALATINUS	\$403.50	\$403.50	1 per lifetime
D7473		REMOVAL OF TORUS MANDIBULARIS	\$409.00	\$409.00	1 per lifetime
D7510		INCISION & DRAINAGE OF ABSCESS-INTRAORAL SOFT TISSUE	\$112.24	\$112.24	
			4	4	
D7520		INCISION & DRAINAGE OF ABSCESS-EXTRAORAL SOFT TISSUE	\$144.00	\$144.00	
D7530		REMOVAL OF FOREIGN BODY FROM MUCOSA, SKIN, OR SUBCUTANEOUS ALVEOLAR TISSUE	\$201.50	¢201 E0	
D/330		PARTIAL OSTECTOMY/SEQUESTRECTOMY FOR	\$201.50	\$201.50	
D7FF0		REMOVAL OF NON-VITAL BONE	¢221.00	¢221.00	
D7550 D7880		OCCLUSAL ORTHOTIC APPLIANCE	\$231.00	\$231.00	Requires prior authorization - 1 per lifetime
		suture of recent small wounds up to 5 cm	\$424.00	\$424.00	Requires prior authorization - 1 per inetime
D7910		·	\$121.47	\$121.47	
D7961		BUCCAL/LABIAL FRENECTOMY -FIRST PROCEDURE	\$167.60	\$167.60	
D7961		BUCCAL/LABIAL FRENECTOMY-SECOND PROCEDURE	\$167.60	\$167.60	2 year data of comition @ \$167.00 cook
D7962		LINGUAL FRENECTOMY	\$167.60	\$167.60	2 per date of service @ \$167.60 each
D9110		PALLIATIVE TREATMENT OF DENTAL PAIN-PER VISIT	\$61.95	\$61.95	1 per date of ervice
D0222		DEEP SEDATION/GENERAL ANESTHESIA - FIRST 15 MINUTE	6422.75	6422.75	Allow any combination of CDT D9222 and D9223 for a maximum of four times
D9222		INCREMENT	\$138.75	\$138./5	per date of service
D0222		DEEP SEDATION/GENERAL ANESTHESIA - EACH SUBSEQUENT	¢120 7E	¢120 7E	Allow any combination of CDT D9222 and D9223 for a maximum of four times per date of service
D9223		15 MINUTE INCREMENT	\$138.75	\$138.75	uate of service



Proc			UNDER AGE 21	21 and OVER	
Code	Requirements	Procedure Description	Rate	Rate	Notes
D9230		INHALATION OF NITROUS OXIDE/AXIOLYSIS ANALGESIA	\$39.00	\$39.00	
D9239		INTRAVENOUS MODERATE (CONSCIOUS) SEDATION/ANALGESIA-FIRST 15 MINUTES	\$138.78	\$138.78	Must have anesthesia certification on file in their office for auditing purposes
D0242		INTRAVENOUS MODERATE (CONSCIOUS) SEDATION/ANALGESIA-EACH SUBSEQUENT 15 MINUTE	¢120.70	¢120.70	Must have anosthesia cartification on file in their office for auditing numbers
D9243		INCREMENT	\$138.78	\$138.78	Must have anesthesia certification on file in their office for auditing purposes
D9248		NON-INTRAVENOUS CONCIOUS SEDATION	\$39.00	\$39.00	Must have anesthesia certification on file in their office for auditing purposes
D9410		HOUSE/EXTENDED CARE FACILITIES CALL	\$67.60	\$67.60	
D9420		HOSPITAL OR AMBULATORY SURGICAL CENTER CALL	\$67.60	\$67.60	
D9610		THERAPEUTIC PARENTERAL DRUG, SINGLE ADMINISTRATION	\$42.28	\$42.28	

